

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/070595	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1	1		1				51				
2		1		1			52				
3		1		1			53				
4		3		1			54				
5		3		1			55				
6		1		1			56				
7		1		1			57				
8		1		1			58				
9		1		1			59				
10		1		1			60				
11		1		1			61				
12		1		1			62				
13		1		1			63				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.		↓	1	↓		↓	TOTAL IND.		↓		↓
TOTAL DEP.		←	12	←		←	TOTAL DEP.		←		←
TOTAL CLAIMS			13				TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

FORM PTO-1360 (REV. 3-78)

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